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CONFIRMATION NO. 9113

<b>SERIAL NUMBER</b> 10/785,115	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 074	<b>GROUP ART UNIT</b> 3682	<b>ATTORNEY DOCKET NO.</b> UoM2US
<b>APPLICANTS</b> Farshid Najafi, Winnipeg, CANADA; Nariman Sepehri, Winnipeg, CANADA;  <b>** CONTINUING DATA *****</b> <i>JMR NONE</i> <b>** FOREIGN APPLICATIONS *****</b> <i>JMR NONE</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 05/18/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>JMR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> <div style="text-align: right;">AIR MAIL</div> C.A. Rowley 51 Riverside Parkway P.O. Box 59 Frankford, ONKOK 2CO CANADA				
<b>TITLE</b> Hand controller and wrist device				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	